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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N95000002983 (3)

IVALEA GARDENS HOMEOWNER'S ASSOCIATION, INC.								S Maria Ca abia Biri abir abir abir abir	B B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Plac	e of Busines	38	M	ailing Address					RAKUI ABUIN 1494A 4940	4 40400 KHR 0004	
P.O. BOX 5149 P.O. BOX 5149							3. Date Incorporated or Qualified	. 47.			
NAVARRE FL 32566 NAVARRE FL 32566								06/20/1995			
Ì								4. FEI Number		Applied For	
	2 Principal Place of Pusings			Laci Mallian And			59-3368350	<u></u>	Not Applicable		
2. Principal Place of Business			2a. Malling Address				5. Certificate of Status Desired	,	Additional		
Sulte, Apt. #, etc.			20	Suite, Apt. #, etc.				6. Election Campaign Financing		Required May Be	
22			27	27				Trust Fund Contribution		to Fees	
City & State				City & State				7. Is this nonprofit corporation a homeowners association?			
23		Country	28	Zip Country				Yes No			
Zip 24		Country 25	29	Zip	30	у		This corporation owes or has paid the Personal Property Tax due June 30.		ntangible □ No	
9. Name and Address of Current Registered Agent					1301			10. Name and Address of New Registered Agent			
	<u> </u>				8	Name					
DEVINE, MARGARET					8:	Street /	Addres	ss (P.O. Box Number is Not Acceptable)			
1735 IVALEA CIRCLE											
NAVARRE FL 32566					8:	83					
					84	84 City FL 85 Zip Code			Code		
11. Pursuant	to the provis	lons of Sections 617	.0502 and 6	17.1508, Florida Statu	ites, the above	e-named	corpor			its registered	
agent. I a	registered aç ım fam iliar w	ith, and accept the o	bligations of	, Section 617.0503, F	lorida Statute	y the corp is.	xoration	ration submits this statement for the purpon's board of directors. I hereby accept the	e appointment a	s redistereo	
SIGNATURE	Signature types	or printed name of registers	d speni and little	If Applicable (NO	TE: Registered A	seni sionatura	required	when reinstating) Do	ATE.		
12.	OFFICERS AND DI							ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12	
TITLE	VPD									110 IIV IZ	
NAME	COLLIER, VINCE			☐ DELE te	1.1 TITLE		7.5		Change	Addition	
STREET ADDRESS				☐ DELET€	1.2 NAME		TE	H, LISA			
		ALEA CIRCLE		∐ DELE te	1.2 NAME 1.3 STREE	T ADDRESS	H1.	LL, LUSA 52 IVALKA CIRCLE			
CITY-ST-ZIP	NAVAR	ALEA CIRCLE			1.2 NAME 1.3 STREE 1.4 CITY-	T ADDRESS	HI. 173 NA	N, LISA 52 IVALKA CIRCLE VARRE FL 32566	Change	Addition	
TITLE	NAVARI TD	ALEA CIRCLE RE FL		DELETÉ	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	T ADDRESS ST-ZIP	HI.	LL, LASA 52 IVALKA CIRCLE VARRE FL 32566			
TITLE NAME	NAVARI TD EDGELL	ALEA CIRCLE RE FL ., DEBRA			1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP	HI.	LL, LASA 52 IVALKA CIRCLE VARRE FL 32566	Change	Addition	
TITLE NAME STREET ADDRESS	NAVARI TD EDGELL 1738 IV	ALEA CIRCLE RE FL ,, DEBRA ALEA CIR.			1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP T ADDRESS	HI. 173 NA DA	LL, LASA 52 IVALKA CIRCLE VARRE FL 32566 VINK, DAVID 85 IVALKA CIRCLE	☐ Change	Addition	
TITLE NAME	NAVARI TD EDGELL	ALEA CIRCLE RE FL ,, DEBRA ALEA CIR.			1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP T ADDRESS	HI. 173 NA DA	LL, LASA 52 IVALKA CIRCLE VARRE FL 32566	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAVARI TD EDGELL 1738 IV NAVARI	ALEA CIRCLE RE FL ., DEBRA ALEA CIR. RE FL		DELETÉ	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	HIT NA DAT NA	LL, LASA 52 IVALKA CIRCLE VARRE FL 32566 VINE, DAVID 85 IVALKA CIRCLE VARRE FL 325	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAVARI TD EDGELI 1738 IV NAVARI SD HSIE, C 1720 IV	ALEA CIRCLE RE FL ., DEBRA ALEA CIR. RE FL ARLA ALEA CIR.		DELETÉ	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	HIT NA DAT NA WAS	LL, LASA 52 IVALKA CIRCLE VARRE FL 32566 VINE, DAVID 85 IVALKA CIRCLE VARRE FL 325 DE ISAAC 19 IVALEA CIRCLE	☐ Change ☐ Change	Addition Addition	
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14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

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CITY-ST-ZIP

NAVARRE FL

AGALLA Done

02/25/00

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FILED

Mar 05 1998 8:00am

Secretary of State